MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

AS FILED

DEP.

IND.

(FOR USE WITH FORM PTO-875)

FILING DATE SERIAL NO. APPLICANT(S)

CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP.

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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TOTAL IND.

TOTAL DEP.

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